

**FILED**  
**Aug 18, 2005 8:00 am**  
**Secretary of State**

08-18-2005 90105 029 \*\*\*\*50.00

**LIABILITY COMPANY**  
**ANNUAL REPORT**

**DOCUMENT # L03000055709**

1. Entity Name  
**TILE BY MIKE LLC**



**40066811**

Principal Place of Business  
**8620 MARY IVY DRIVE**  
**PLANT CITY, FL 33565 US**

Mailing Address  
**8620 MARY IVY DRIVE**  
**PLANT CITY, FL 33565 US**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

**04132005 Chg-LLC CR2E083 (10/03)**

City & State

City & State

4. FEI Number  
**92-0185365**

Applied For  
Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐ **\$5.00 Additional Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**MULLIS, MICHAEL J II**  
**8620 MARY IVY DRIVE**  
**PLANT CITY, FL 33565**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

**FL**

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

*Michael Mullis II*

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$50.00**  
**Due by May 1, 2005**

**Make check payable to**  
**Florida Department of State**

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**MGR**  
**MULLIS, MICHAEL J II**  
**8620 MARY IVY DRIVE**  
**PLANT CITY, FL 33565** ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
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STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

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CITY-ST-ZIP ☐ Change ☐ Addition

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:

*Michael Mullis II*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #